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# AMENDMENT TRANSMITTAL FORM

In re application of: Michiya Yamada, et al.  
U. S. Serial No.: 945,705  
Filed: February 23, 1997  
For: LUBRICATING OIL COMPOSITION

) Before the Examiner  
) M. Medley  
)  
) Group Art Unit 1721

THE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

RECEIVED

FEB 26 1999

GROUP 1700

Sir:

☒ The undersigned hereby certifies having information and a reasonable basis for belief that this correspondence will be deposited as first-class mail with the United States Postal Service in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231, on February 17, 1999

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$\_\_\_\_\_ to extend the time for filing this response until \_\_\_\_\_.

The fee for any changes in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)
Total Claims	*	Minus	**		x 22.00	
Indep. Claims	*	Minus	***		x 82.00	
MULTIPLE DEPENDENT CLAIM FEE					\$270.00	
FEE FOR CLAIM CHANGES						

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this AMENDMENT, including claim changes and any extension of time is calculated to be \$\_\_\_\_\_. Information Disclosure Statement

☒ Charge \$ 240.00 to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

Date of Signature

Post Office Address  
(to which correspondence is to be sent):

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P. O. Box 390  
Florham Park, New Jersey 07932-0390

Attorney or Agent of Record

JOSEPH J. ALLOCCA

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☐ Pursuant to 37 CFR 1.34(a)

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